

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. Keith NICKNAME LAST Wright			MI N SUFFIX   Date Received  Date Hand-delivered or Date Postmarked		
	FIRST LAST Wright					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 12 Zavalla Texas 75980					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (936 )	PHONE NUMBER 634-5413	EXTENSION	Receipt #      Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST John NICKNAME LAST Sloan	MI SUFFIX	Date Processed <b>JAN 07 2026 TS</b> Date Imaged		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 303 S. Temple Dr. #305 Diboll Texas 75941			CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 936 )	PHONE NUMBER 632-8282	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 10	Day 16	Year 25	Month 12	Day 31	Year 25
11 ELECTION	ELECTION DATE Month 3      Day 3      Year 26	ELECTION TYPE  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description  <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) County Judge			13 OFFICE SOUGHT (if known) County Judge		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
Additional Pages	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

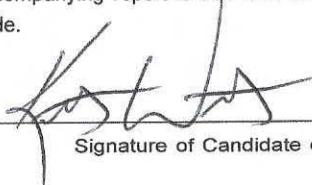
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

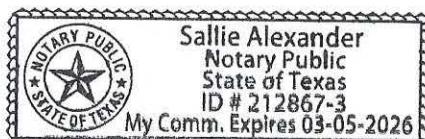
15 C/OH NAME	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS  EXPENDITURE TOTALS  CONTRIBUTION BALANCE  OUTSTANDING LOAN TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 5,000.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,000.00
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,488.75
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 511.25
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Keith Wright this the 5 day of January  
20 26, to certify which, witness my hand and seal of office.

Sallie Alexander  
Signature of officer administering oath

Printed name of officer administering oath

Court Coordinator  
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> Keith Wright	<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,000.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,488.75
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,488.75
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			<b>1</b> Total pages Schedule A1: <b>1</b>
<b>2</b> FILER NAME <b>Keith Wright</b>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  <b>12/05/2025</b>	<b>5</b> Full name of contributor  <b>Eric Estes</b>	out-of-state PAC (ID#: .....)	<b>7</b> Amount of contribution (\$)  <b>5,000.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)	
Date	Full name of contributor ..... Contributor address; .....	out-of-state PAC (ID#: .....) City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ..... Contributor address; .....	out-of-state PAC (ID#: .....) City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor ..... Contributor address; .....	out-of-state PAC (ID#: .....) City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

## LOANS

## SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule E:  1
2 FILER NAME  Keith Wright			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan  10/31/2025	7 Name of lender  Keith Wright	□ out-of-state PAC (ID#_____)	9 Loan Amount (\$)  1,488.75
6 Is lender a financial institution?  <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address;  P.O. Box 12 Zavalla Texas 75980	City;  State; Zip Code	10 Interest rate  11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral  ▪ none		15 Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION  ▪ not applicable	17 Name of guarantor  18 Guarantor address;  City;  State; Zip Code	19 Amount Guaranteed (\$)	
Date of loan  <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Name of lender  Lender address;  City;  State; Zip Code	Loan Amount (\$)  Interest rate  Maturity date	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral  none		Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION  not applicable	Name of guarantor  Guarantor address;  City;  State; Zip Code	Amount Guaranteed (\$)	
Principal Occupation (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Keith Wright	3 Filer ID (Ethics Commission Filers)	
4 Date 09/29/2025	5 Payee name Keillie Gann and Company, Inc.		
6 Amount (\$) <b>324.75</b>	7 Payee address: 1001 Ellis ave. Lufkin Texas 75904-3336 Check if individual's residence address.	City: _____ State: _____ Zip Code: _____	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Campaign Photos</b>	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/17/2025	Payee name Grace Gear		
Amount (\$) <b>414.00</b>	Payee address: 1140 County Road 333 Zavalla Texas 75980 Check if individual's residence address.	City: _____	State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>T-shirts</b>	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/23/2025	Payee name J.M. Billboard Advertising		
Amount (\$) <b>3,000.00</b>	Payee address: P.O. Box 10 Lufkin Texas 75902 Check if individual's residence address.	City: _____	State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Billboard Ad</b>	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Keith Wright		3 Filer ID (Ethics Commission Filers)
4 Date 11/08/2025	5 Payee name Angelina County GOP		
6 Amount (\$) 750.00	7 Payee address; 2951 S. John Redditt Dr. Ste. 40 Lufkin Texas 75904 Check if individual's residence address.		
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees		(b) Description  GOP Filing Fee
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought
Date 01/05/2026	Payee name Keith Wright		
Amount (\$) 1,488.75	Payee address; 1140 County Road 333 Zavalla Texas 75980 Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Loan Repayment/Reimbursement		Description  Loan repayment without interest
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought
Date	Payee name		
Amount (\$)	Payee address; Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			



## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

*An exemption affidavit must be submitted with each paper report.*

*Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.*

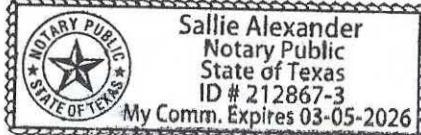
Filer name <b>KEITH WRIGHT</b>	Filer ID #
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OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the Campaign Finance report due on 1/15/26. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



Signature of Filer

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Keith Wright this the 5 day of January, 20 26, to certify which, witness my hand and seal of office.

Sallie Alexander Sallie Alexander Court Coordinator

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**